



DATE OF ISSUANCE: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

**FENCE PERMIT APPLICATION**  
**PLEASE PRINT****JOB ADDRESS:** \_\_\_\_\_

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**FENCE CONTRACTOR (company name):** \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PLEASE CHECK	TYPE	HEIGHT 8'-0" MAXIMUM ALLOWED (ZERO TOLERANCE)
	WOOD	
	CHAIN LINK	
	MASONRY	
	OTHER	

I HEREBY CERTIFY THAT THE FOREGOING IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT SAID WORK WILL BE DONE IN CONFORMANCE WITH THE INFORMATION HEREIN SET FORTH AND IN COMPLIANCE WITH THE CITY OF GRAPEVINE CODES REGULATING FENCES.

**REQUIREMENTS:** TWO (2) PLOT PLANS SHOWING LOCATION OF FENCE ON PROPERTY.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

YOUR PHONE NUMBER: \_\_\_\_\_

**BUILDING INSPECTION DEPARTMENT 817-410-3165**

FOR OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_